

**NATIONAL POLICY DIALOGUE ON OBESITY**  
**DRAFT PROPOSED SCOPE OF WORK**

**Nutrition Information for Foods Consumed Away from Home – Background**

- ?? The OWG report recommends that FDA encourage restaurants to provide more, and more readily available, nutrition information, including calorie information, at the point-of-sale.
- ?? FDA is aware that many in the restaurant industry, particularly the quickservice segments of the industry, have provided some types of nutrition information to consumers over the years.
- ?? While the restaurant industry has been generally supportive of the OWG’s recommendations, they have raised some concerns about providing calorie/nutrition information at the point-of-sale, including the following:
  - Possible slow-downs in order time (particularly for quickservice restaurants) as customers review calorie or other nutrition information before ordering;
  - Delays in time from order to delivery of food (for quickservice restaurants) if customers use nutrition information to substantially increase customization of their orders; and
  - Infeasibility of providing nutrition information for all menu items because recipes change frequently, patrons often request customization of their meals, and the number of options available for customization is large.
- ?? Regarding customization, National Restaurant Association research indicates that 70% of consumers customize their meals when eating in restaurants.
- ?? Nevertheless, FDA believes that the restaurant industry could do more to provide some level of nutrition information to its patrons at the point-of-sale to enhance their ability to make wise food choices.
- ?? Recent FDA focus-group research (see ORC Macro report of focus group studies) has documented the following:
  - Most participants seemed interested in having nutrition information available to them when they eat at quickservice, e.g. “fast-food” restaurants, though they might not use it every time they eat out. Participants suggested that this information could be presented in many locations in the restaurant including food wrappers, tray liners,

brochures, on the take-away bags, posters near the counter, and the menu boards.

- Participants reacted to multiple versions of a menu board for a typical fast food restaurant. In general, participants liked having calories listed after meal items and after combo meals.
- Most participants also reacted favorably to the idea of placing healthier options, including meals, in a separate section of the menu board so they could find healthier options at a quick glance.
- Many participants also reacted favorably to a “purple keyhole” symbol for healthier meals, but some thought that the exact number of calories should be listed as well. Again, the symbol would have to be trusted and consumers would have to understand the meaning of the definition.

### **Nutrition Information – Scope of Work**

?? In light of the foregoing, the scope of work for this portion of the contract should address, among others, the following questions and issues:

1. What nutrition information will be most helpful for consumers to see/know before ordering food in a restaurant?
2. What are the best/most reasonable options for providing nutrition information to consumers in a restaurant setting?
3. Should nutrition information be available/listed for all menu items or just some subset thereof? If for a subset, what criteria should determine which subset of items is used?
4. What differences, if any, should there be for providing nutrition information between ‘chain’ and non-chain restaurants?
5. Should restaurants tailor what nutrition information is presented based on expected clientele?
6. Does nutrition information presented in restaurants need to be presented in any sort of context (e.g., as percent of daily value, comparison to 2,000 calorie/day diet, comparison to other menu items)?
7. How can FDA best encourage restaurants to participate in a voluntary pilot to test various options for presenting nutrition information?
8. How should industry/FDA measure the effectiveness of providing nutrition information to consumers in restaurants?

## **Pediatric Obesity – Background**

- ?? Obesity is associated with significant health problems in the pediatric age group and is an important risk factor associated with adult morbidity and mortality.
- ?? The causes and mitigation of childhood obesity have been and continue to be the focus of much attention. A policy statement of the American Academy of Pediatrics proposes strategies for early identification of excessive weight gain by using BMI, for dietary and physical activity interventions during health supervision encounters, and for advocacy and research.
- ?? Parental behavior is a dominant influence on children's eating habits. For adults, the literature discusses how having a specific behavior goal for the prevention of weight gain (e.g., increasing physical activity or eating less at each meal) may be key to arresting obesity. In similar fashion, the *Dietary Guidelines for Americans* includes a chapter on physical activity, linking physical activity with nutrition.
- ?? The combined efforts of Federal, state and local governments, the packaged food industry, the restaurant industry (including both quickservice and other types of restaurants), the professional health community (including primary care physicians, nutritionists, dietitians, and others), consumer advocacy groups, schools, the media and, of course, committed individuals will all be required to contribute to the solution to the problem of obesity.
- ?? FDA's OWG report recommends that FDA focus its education strategies on influencing behavior, as well as imparting knowledge, in the context of healthy choices for consumers. Education programs should be simple to understand and apply, and should focus on showing consumers (children) how to achieve a specific goal.

## **Pediatric Obesity – Scope of Work**

- ?? In light of the foregoing, the scope of work for this portion of the contract should address, among others, the following questions and issues:
  1. What age group(s) is the most appropriate for FDA to focus its education efforts on?
  2. What are the most appropriate settings (e.g., school, home, health care settings, social organizations/clubs) for conducting educational efforts on obesity?
  3. How important is it for education efforts to be conducted using mass media (television, radio, print)?
  4. What is the appropriate length of time for presenting obesity education to achieve lasting effects?

5. What messages are most effective and in which age groups, for educating children about obesity?
6. To what extent do education/messages need to be tailored to different ethnic and/or socio-economic groups?
7. What are the most effective means for partnering in the public and private sectors to develop and deliver obesity education?

### **Preliminary Expected Deliverables for the Contract**

- ?? Meet with appropriate FDA officials and discuss/refine scope of work and deliverables.
- ?? Initiate dialogue with appropriate stakeholders to gather information to respond to questions/issues.
- ?? Provide FDA with transcripts or other summaries of dialogue sessions.
- ?? Conduct all dialogue sessions involving FDA officials in the Metropolitan Washington, D.C. area.
- ?? Formulate and present options to FDA based on dialogue with FDA, stakeholders, and others, for providing nutrition information in a restaurant setting that helps consumers make wiser food choices.
- ?? Provide recommendations to FDA, based on dialogue with FDA, stakeholders, and others, on how the agency can enlist restaurants (using what incentives) for a pilot program to test options for providing nutrition information to customers in a restaurant setting.
- ?? Formulate and present options to FDA, based on dialogue with FDA, stakeholders, and others, on how to conduct education programs to address obesity and encourage healthy eating, that would have the most impact on pediatric obesity.
- ?? Provide recommendations to FDA on what are likely to be the best venues for forming public and private sector partnerships to leverage FDA's education resources to address obesity.
- ?? Prepare and deliver a report to FDA encompassing all of the above deliverables.